

Inside ABM

Academy of Breastfeeding Medicine Newsletter

January 2024

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

Welcome to Inside ABM! Come on in!

Happy New Year and welcome to *Inside ABM* Newsletter 2024, Issue 1.

Welcome to **Inside ABM**, our way of communicating with ABM members, future ABM members, supporters, and friends about exciting things happening in our organization and in the field of Breastfeeding Medicine.

In this issue you will find ABM's response to several articles in the news on tongue tie treatment and an interview with Yvonne Lefort, MD, FCFP, FRNZCGP, FABM, IBCLC, who helped craft the Letter to the Editor at *The New York Times*, as well as ABM's Position Statement on **Ankyloglossia in Breastfeeding Dyads. *Breastfeeding Medicine***. Also, don't miss reading this month's *Have You Seen This?* column, entitled: *Love Letter to Lactose* by *Inside ABM* newsletter editor, Paula K. Schreck, MD, IBCLC, FABM.

AND don't forget to check out the ABM Updates section where you'll find information on the Call for Abstracts, free members' webinar, and information on the first webinar in ABM's new webinar series!

If you have ideas for items to include in future issues and/or are interested in being a part of the newsletter team, please reach out to abm@bfmed.org. We would love to get your ideas out into the ABM Universe!



Recent Articles on Tongue Tie Treatment in the News

In December of 2023, two articles on controversies surrounding the management and treatment of ankyloglossia (tongue tie) hit the mass media in the [UK Daily Mail](#) and [The New York Times](#).

Many of us who work in Breastfeeding Medicine were pinged about these articles and asked to comment. (Note: ABM did respond to *The New York Times*'s article by submitting a Letter to the Editor. It is yet to be published at the time of this newsletter release, but you can read the Letter to the Editor at *The New York Times* [here](#).) The articles note the exponential rise in the number of tongue tie releases performed in the last decade: the rate of [tongue tie] surgeries performed ballooned by 800 percent between 1997 and 2012 from around 1,280 procedures [to more than 12,000](#). The indications for the procedure and the method used varies greatly across the medical and dental communities.

CITATION:

LeFort, Y., Evans, A., Livingstone, V., Douglas, P., Dahlquist, N., Donnelly, B., Leeper, K., Harley, E., & Lappin, S. (2021). Academy of Breastfeeding Medicine Position Statement on Ankyloglossia in Breastfeeding Dyads. *Breastfeeding Medicine*, 16(4), 278–281. <https://doi.org/10.1089/bfm.2021.29179.ylf>

For greater insight we connected with **Yvonne LeFort, MD, FCFP, FRNZCGP, FABM, IBCLC** based in Auckland New Zealand. She is the lead author on the ABM Position Statement on Ankyloglossia released in 2021 and a major contributor to the Letter to the Editor at *The New York Times*.

In the author's own words...

How would you explain the exponential rise in tongue tie procedures?

The rise in diagnosis of ankyloglossia and in tongue tie procedures being performed directly relates to the increase in breastfeeding initiation rates, the recognition of tongue restriction as a confounder in breastfeeding problems such as pain and milk transfer and the demand and expectation for quick solutions to breastfeeding difficulties.

Why did ABM release a statement as opposed to a protocol on this subject? What's the difference?

The ABM released the Position Statement on Ankyloglossia in Breastfeeding Dyads in response to the need for clarity of the evidence supporting treating tongue ties in the presence of breastfeeding difficulties. [Read statement](#). We specifically addressed the evidence basis for frenotomy as a functional diagnosis when the infant's tongue movement was significantly restricted. The practice of incising other oral tissues is a separate issue and was not addressed directly by this statement.

Are there future plans for ABM to release more writings on this?

There are plans to release a revised clinical protocol which will delve into these issues more deeply. In addition, we have a small group of doctors who have performed frenotomies for many years, who work in four different countries, who are currently developing a resource for medical professionals who perform frenotomies - a guideline which is well overdue. There are several screening tools which are in use to assist in referring for a possible frenotomy but none to help in

the decision-making of whether to perform a frenotomy or manage conservatively.

What is your best piece of advice for a Breastfeeding Medicine doctor who has lots of requests for the procedure?

A Breastfeeding Medicine doctor who performs frenotomies will be constantly learning about how to best make the final decision to treat or not as they manage referred dyads over their career. Based on the breastfeeding history, a relevant examination of the mother and the infant, and the observation of that dyad breastfeeding, the decision will be whether or not the sublingual frenulum is affecting the function of the tongue required for breastfeeding and therefore the expected benefit versus risk. This assessment needs to be discussed with the family so they can provide informed consent. Follow up is essential whether the infant is treated surgically or not.

Do you have an opinion on who should be doing the procedure?

Although the frenotomy procedure is a low risk and simple procedure there are risks and complications possible. Any medical professional performing these procedures needs to be prepared for possible adverse immediate events such as bleeding or airway compromise and should also be responsible in acknowledging and dealing with other adverse events such as oral aversion, scar tissue formation and worsening of the breastfeeding problem.

What is your hope for additional research in the area?

As outlined in the Position Statement we would like to see more research to provide a clear functional definition of tongue tie vs the normal sublingual frenulum, consistent documentation of immediate and long-term adverse outcomes after frenotomy, identifying the optimal instrument and frenotomy technique and most importantly documenting long term outcomes following frenotomy for the breastfeeding dyads, specifically on the effectiveness and duration of breastfeeding.

Getting to Know the Author

What is the best holiday memory you made this season?

The best holiday memories I have are the multi-day hiking trips (New Zealand Great Walks) we shared with our sons prior to both of them moving overseas.

What would you rather do? Downhill ski? Or Snowshoe?

Definitely would go snowshoeing these days, being too protective of my knees now!



President's Column: Breastfeeding Is “Stillen”

Elien Rouw, MD, FABM 17 January 2024

A few weeks ago, I attended the 28th Annual International Meeting of the Academy of Breastfeeding Medicine in Chicago, IL. Here, I attended two preconference meetings on basic and advanced breastfeeding topics (What Every Physician Needs to Know About Breastfeeding, Part 1, which was recorded so you can see this course online in the near future), the annual in-person meeting of the board of directors, then the 3-day conference itself, filled with breastfeeding and counseling topics, and many, many personal meetings with old and new friends from all continents, sharing our experiences, exchanging knowledge, discussing hot topics in breastfeeding medicine, and together looking for answers in scientific discussions. [Read more.](#)

ABM Updates

Call for Abstracts Now Open! Share your research and expertise at the 29th Annual International Meeting

The Call for Abstracts and Workshops for the [29th Annual International Meeting](#) is now open! This meeting will take place in Schaumburg, Illinois, USA, on November 14-17, 2024. To provide a broad array of learning opportunities, ABM is planning to hold a hybrid meeting with both live and virtual components.

Visit the [ABM website](#) to learn more about these opportunities to share your research and clinical skills with the breastfeeding community. All completed abstract and workshop proposals must be submitted by **Tuesday, March 5, 2024.**

[Learn More!](#)



A Members' Only Event! ABM's Leadership Academy Webinar: Feb. 8, 4 PM ET (USA)

Join **Dr. Elaine Hart** to learn about the process for submitting a poster abstract/creating a poster for your project: a research project, QI project, educational intervention, case report, etc. This one-hour webinar will cover the overall process, as well as very helpful tips and tricks. This is an optional webinar designed for participants in the 2023-2024 co-hort of ABM's Leadership Academy, but all ABM members may attend at no cost. [Sign up today!](#)



ABM Webinar Series Launching: Wednesday, Feb. 28 11am - 12pm CST

The Academy of Breastfeeding Medicine is excited to share the start of its monthly webinar series! The first webinar will be on the topic of Breastfeeding in the Setting of Substance Use and Substance Use Disorder, presented by two of the authors of the recently updated [Protocol #21](#), **Miriam Harris, MD, MSc**, and **Katherine Standish, MD, MSc**.

We are celebrating with introductory pricing for this first webinar! Registration is \$15 for ABM members and \$25 for non-members. These webinars will be recorded and available on-demand if registrants are unable to join live. [Learn more](#) and register today.

Have You Seen This? *A Love Letter to Lactose*

Whilst researching the rare condition Congenital Lactase Deficiency for the revision of Protocol #7 (Model Hospital Policy), I came across this recent article from the Argentinian scientific community that is all about lactose. This elegant review article on the primary and ONLY nutritional carbohydrate in human milk is a great read!

CITATION:

Toca MDC, Fernández A, Orsi M, Tabacco O, Vinderola G. Lactose intolerance: myths and facts. An update. Arch Argent Pediatr. 2022 Feb;120(1):59-66. English, Spanish. doi: 10.5546/aap.2022.eng.59. Epub 2021 Dec 17. PMID: 35068123. <https://www.sap.org.ar/docs/publicaciones/archivosarg/2022/v120n1a11e.pdf>

Lactose sometimes gets a bad rap! This may be because, across the world's population, only 35% of adults retain their ability to digest lactose. Formula companies capitalize on misperceptions about lactose by replacing lactose in formula variants with maltodextrin, marketing the lactose-free products as an antidote to normal gas and fussiness.

But lactose, produced by the mammary gland, is perfectly suited for human infants who VERY RARELY have lactase deficiency. Lactose makes up 90% of the carbohydrate content in human milk and 40% of the caloric content. Lactose actually increases over time during the duration of breastfeeding.

Here are some other cool facts about lactose:

1. Lactose is the ONLY nutritional source of galactose. (Review: Lactose is made up of one molecule of glucose and one molecule of galactose) Galactose is a high value monosaccharide in its own right: Galactose, once separated from glucose, is used to make important oligosaccharides, glycoproteins, and glycolipids. Some of these galactose products are very active in the infant brain, linking galactose intake to neuro-development.
2. Lactose enhances the absorption of calcium, zinc, and magnesium in the infant gut.
3. Lactose actually contributes to the volume of the milk supply. Lactose secretion into the milk compartment increases intra-alveolar pressure, drawing water into the milk compartment, increasing the hydration effect.
4. Lactose, although a sugar, has a low glycemic index and a low sweetening effect which helps the infant develop a savory palate over time.

5. Lactose supports the dyadic biome. Lactose contributes to the structure of human milk oligosaccharides, also known as prebiotics. Indeed it has been demonstrated that ingestion of lactose can significantly increase the intestinal population of lactobacilli and bifidobacteria, essential probiotics.

The article goes on to say that limiting exposure to lactose in the human infant is rarely indicated, even in the NICU or in cases of acute or chronic diarrhea. When true intolerance is suspected, a short period of lactose-free intake should be prescribed with reintroduction as soon as possible. Only two rare metabolic conditions in infants, classic galactosemia and congenital lactase deficiency, require a lactose-free diet long term, this contraindicating the use of human milk.

So, let's raise our scientific journals in hand to lactose...a true hero of breastmilk! If you would like to read more, here is a free version of this [article](#).

(Written by **Paula K. Schreck, MD, IBCLC, FABM**)

Save the Date!



Question of the Month

Which of the following tasks is essential to complete before you decide to surgically treat a tongue tie?

- A direct observation of the infant feeding at the breast
- Use a screening tool to assess tongue movement
- Checking for lip and buccal ties as comorbidities
- Assessing the infant's ability to feed from a bottle

Answer at bottom of newsletter

Not an ABM Member? If you are passionate about breastfeeding, then ABM is for YOU!

Be part of a global, multidisciplinary community and enjoy these [member benefits](#). Join and take advantage of member registration rates for the Annual International Meeting.

[Join Today!](#)

Question of the Month Answer:

ANSWER: a.

A direct assessment of a direct observation of the infant feeding at the breast is an essential component of the decision-making process for the breastfed infant identified to have a tongue tie.



ABM Insider

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

Questions: Email ABM Staff at 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 | www.bfmed.org

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