

Inside ABM



Academy of Breastfeeding Medicine Newsletter
May 2023

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

Welcome to Inside ABM! Come on in!

Welcome to Issue #2 of **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. 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.

ABM President's Column



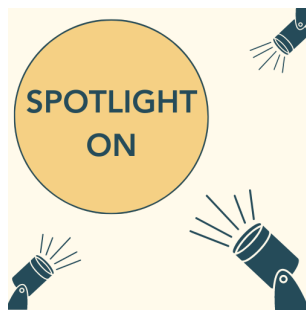
President's Column

Special Interest Groups for Physicians in Breastfeeding Medicine

Ann Kellams and Nicole Hackman, 14 April 2023

We are so excited to announce the creation of the Academy of Breastfeeding Medicine Special Interest Groups (SIGs)! Currently in development, the SIGs will create an opportunity for ABM members to strengthen and build their global communities, provide access to subject-specific information, and opportunities for education, leadership, and networking among like-minded members who share a passion for a particular topic or field of breastfeeding medicine. [Read more.](#)

Follow this [link](#) to see a list of SIGs and instructions on how to join one.



Literature: The Lancet Breastfeeding Series

This month we are featuring the ***Lancet Breastfeeding Series***, published Feb 7, 2023. The problem: Breastfeeding rates are greatly reduced compared to rates before commercial milk formula marketing effects increased in the previous century. This **three-article offering** builds on the widely read but more conceptual 2016 Lancet Breastfeeding series to offer a review of evidence-based solutions at the dyadic level, the family and community level, and the policy-making level. The first paper focuses on the individual with an analysis of how mother and baby attributes contribute to our current breastfeeding outcomes and policies that could help. Paper #2 unpacks the commercial milk formula marketing playbook and gives us insight into the multi-billion-dollar industry's rise to its current oligopoly status. Finally, Paper #3 looks upstream to look at root causes for breastfeeding failures at every level.

Citations:

Baker, P., Smith, J. P., Garde, A., Grummer-Strawn, L. M., Wood, B., Sen, G., Hastings, G., Pérez-Escamilla, R., Ling, C. Y., & Rollins, N. (2023). The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress. *The Lancet*, 401(10375), 503–524. [https://doi.org/10.1016/s0140-6736\(22\)01933-x](https://doi.org/10.1016/s0140-6736(22)01933-x)

Pérez-Escamilla, R., Tomori, C., Hernández-Cordero, S., Baker, P., Barros, A. J. D., Bégin, F., Chapman, D. J., Grummer-Strawn, L. M., McCoy, D., & Menon, P. (2023). Breastfeeding: crucially important, but increasingly challenged in a market-driven world. *The Lancet*, 401(10375), 472–485. [https://doi.org/10.1016/s0140-6736\(22\)01932-8](https://doi.org/10.1016/s0140-6736(22)01932-8)

Rollins, N., Piwoz, E., Baker, P., Kingston, G., Mabaso, K. M., McCoy, D., Ribeiro Neves, P. A., Pérez-Escamilla, R., Richter, L., & Russ, K. (2023). Marketing of commercial milk formula: a system to capture parents, communities, science, and policy. *The Lancet*, 401(10375), 486–502. [https://doi.org/10.1016/s0140-6736\(22\)01931-6](https://doi.org/10.1016/s0140-6736(22)01931-6)

This [Infographic](#) provides an excellent summary of key points for the 2023 Lancet Series.

The Lancet also sponsored live launch webinars around the world! These 2-hour programs included presentations by authors and panel discussions. [HERE](#) is a link to the video of the U.S.

launch, sponsored by the Global Breastfeeding Collective, available in English and Spanish. (Length = 120 minutes)

For greater insight we connected with one of the esteemed panelists from the US Launch webinar, **Sekeita Lewis-Johnson DNP FNP-BC IBCLC**.

[View the Series](#)

In the panelist's own words...

In the panel, what cohort did you want to represent?
I was invited to the panel to represent the invaluable work of the United States Breastfeeding Committee (USBC). I was

hoping to amplify USBC's four pillars of infant nutrition security in the U.S. This framework sets the foundation for the creation of a robust infant nutrition security infrastructure that includes parents, programs, policies, and plans for emergencies.

If a baby were on the panel, what do you think their key take-away would have been?

This is a loaded question! I think the baby would say “Get it together and get it right, I deserve more than just life, I deserve a real chance for optimal health and growth.”

I heard you use the term Food Oppression. Define Food Oppression for the readers.

“Food oppression is institutional, systemic, food-related action or policy that physically debilitates a socially subordinated group. Politically and financially weak communities absorb the external costs of food oppression, rendering these costs largely invisible to the mainstream. In the long term, food oppression diminishes already vulnerable populations in numbers and in power. (Freeman, 2013) I argue that infant food oppression is identified as micro and macro level actions that undermine the importance of human milk. Examples of infant food oppression include: healthcare providers that advise and advertise the use of non-medical commercial milk formula for families who have chosen exclusive breastfeeding without offering skilled lactation care, support and continuity of care, pushing injectable long-acting reversible contraceptives (LARC) immediately postpartum regardless of lactation risk factors, inferences like “one bottle won’t hurt,” or “just wait for the lactation consultant.” I could keep going regarding the ways that breastfeeding and human milk feeding is undermined which leads to the absence of real choice!

Freeman, A. (n.d.). The Incredible Whiteness of Milk: Food Oppression and the USDA. University of California Irvine Law Review Vol 3:1251. Retrieved May 13, 2023, from <https://www.law.uci.edu/lawreview/vol3/no4/Freeman.pdf>

How is this different from Food Insecurity?

Food oppression is not synonymous with food insecurity. “Food security” was first coined by Henry Kissinger (US Secretary of State under President Nixon) because the price for oil spills led to higher prices for food. In this initial framing, food insecurity became a global food system problem. Oil spills are usually caused by mistakes or errors which is different from deliberate actions, bias and policies that take away ‘real’ choices.

You mentioned the use of LARC (long-acting reversible contraceptives), like medroxyprogesterone acetate. If you could ask providers who prescribe long-acting

reversible contraceptives to do ONE THING, what would it be?

Consider what is known about health inequities related to suboptimal breastfeeding particularly in areas where LARC is highly promoted and pushed and re-evaluate risks vs benefits.

Getting to Know the Panelist

Which do you prefer...sunrise or sunset?

Sunset! The various colors of sunset are amazing!

What was the last kind of music you listened to? and Where?

Rap music in my car.

Did You Notice...?

In the Lancet series, the term “Breastmilk Substitute” was replaced with the term “Commercial Milk Formula” in the articles and in the presentations. Consider using the term “Commercial Milk Formula” (CMF) in your presentations, conversations, and writings as it more accurately describes the product.



To have the greatest effect on breastfeeding outcomes, what approach has been found to be the most effective?

- Implementation of the Baby-Friendly Hospital Initiative 10 Steps to Successful Breastfeeding
- Education of fathers and grandparents to strengthen family support
- Coordinated efforts of breastfeeding support in different sectors and different levels of the Socio-Ecological Model
- Engagement of community-based agencies pre-and postnatally

Answer at bottom of newsletter

ABM Updates

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 latest 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 for more information on how to get involved.

8th EABM Breastfeeding Conference



On May 11-13, 2023, the 8th European Association of Breastfeeding Medicine (EABM) Conference took place in the lovely city of Split, Croatia, with 250 registrations from around the world and with 28 speakers with a highly diverse background. The conference started with a preconference on Medication and Lactation and a workshop on the WHO Infant and Young Child Feeding Indicators. Both preconferences sparked great enthusiasm. After an opening ceremony with Croatian dancers and singers there were lots of topics covered around Breastfeeding Medicine, and the program showed how Breastfeeding Medicine touches so many areas of Medicine: maternal and infant physiology, nutrition, clinical guidance, breastfeeding support, politics and economics, to name just a few. Both the transfer of knowledge and the connection with like-minded persons were important and will stimulate the growth of our profession.

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 Today!

Have You Seen This?

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

Le, J., Dancisak, B., Brewer, M., Trichilo-Lucas, R., & Stefanescu, A. (2022). Breastfeeding-supportive hospital practices and breastfeeding maintenance: results from the Louisiana pregnancy risk assessment monitoring system. *J Perinatol*, 42(11), 1465–1472. <https://doi.org/10.1038/s41372-022-01523-1>.

There are a lot of US state-run programs that support implementation of the 10 Steps to Successful Breastfeeding. The agencies will often provide a designation for hospitals where hospitals self-report the implementation of the practices and meet certain standards that are often just short of Baby-Friendly USA designation criteria. (Usually, they do not require full adherence to the Code) They are called “interim designation programs.” The Gift, in Louisiana, is a very successful interim designation that engages over 90% of hospitals and births in the state. Many Louisiana hospitals have gone on to achieve Baby-Friendly designation.

The environment in Louisiana, with many hospitals Gift-designated, and some hospitals Gift AND Baby-Friendly designated, was the setting for this elegant study that compares outcomes across this spectrum and attempts to address the question: **Does Baby-Friendly designation make a difference? Or are interim designations enough to improve outcomes?**

The investigators used an existing data set, PRAMS, to examine the likelihood of families to experience evidence-based practices, such as skin to skin, rooming in and exclusive breastfeeding in-house. (The Pregnancy Risk Assessment Monitoring System–PRAMS is a phone and mail survey

sent to approximately 2500 mothers in select states in the US within 6 months postpartum. The survey focuses on prenatal and postnatal choices and care and breastfeeding.)

A statistical analysis of the odds of experiencing these practices in hospital was stratified into 3 hospital categories: Gift-designation, Gift and Baby-Friendly designation, and NO designation. The results showed the same trend across most practices: Families who delivered in Gift designated hospitals were MORE likely to experience aspects of 10 Steps but this likelihood almost doubled when the hospital was Gift AND BFUSA designated.

As we learned in the Lancet series, implementation of the 10 Steps to Successful Breastfeeding can improve outcomes. Baby-Friendly Hospital designation amplifies this effect. **Baby-friendly designation provides accountability, consistency and a framework for QI that can benefit even those hospitals that are in interim designation programs.**

Leader, is your hospital Baby-Friendly designated? For more information:

<https://www.unicef.org/documents/baby-friendly-hospital-initiative>

(Paula K. Schreck, MD, IBCLC, FABM, ABM Board Member)

What About This?

CDC has published updated recommendations and information on infant feeding for individuals with HIV on their [Human Immunodeficiency Virus \(HIV\)](#) and [Contraindications](#) web pages. These recommendations are based on the Department of Health and Human Services' (HHS) Infant Feeding for Individuals with HIV in the United States, as part of their [Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States](#).

Question of the Month Answer:

To have the greatest effect on breastfeeding outcomes, what approach has been found to be the most effective? **ANSWER: c.** Coordinated efforts of breastfeeding support in different sectors and different levels of the Socio-Ecological Model.



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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